

Kentucky Division of Water

Seasonal Public Water System Start-up Requirements and Checklist

Instructions: Beginning January 1, 2016 and every year thereafter, seasonal noncommunity public water systems are required to complete state-approved seasonal start-up requirements specified by the KY Division of Water in 401 KAR 8:200 and 40 CFR 141 Subpart Y. Those requirements are listed in the checklist below. All items shall be evaluated. If the requirements do not apply to your system, then put a check mark in the “N/A” column. The “Procedure/Recommendations” column provides guidance on how to complete the start-up procedure and trouble areas to look for. This checklist shall be completed prior to start-up, signed and submitted to the Division of Water at 200 Fair Oaks Lane, 4th Floor, Frankfort, KY 40601, Attn: Coliform Rule Manager. It shall also be retained on site for review during inspections and sanitary surveys.

Key Points:

- **Complete every item on this Checklist prior to start-up for each PWSID**
- **Submit the signed Checklist to the KY Division of Water; keep a copy of the Checklist for your records**
- **Questions? Please call your Regional Office or the KDOW’s Coliform Rule Manager at 502/564-3410**

I certify that the actions required by this Seasonal Start-up Checklist have been completed as noted.

Signature of Operator in Direct Responsible Charge/Manager

Date Signed

PWS Name:

PWSID:

Name of Individual(s) Conducting the Start-up Inspection:

Seasonal Period:

Date Inspection Completed:

Pre-inspection Activities

ACTIVITY	REQUIRMENT	DONE	NA	PROCEDURE/RECOMMENDATION
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
PRE-INSPECTION		<input type="checkbox"/>	<input type="checkbox"/>	
Certified operator	KY certified operator of the proper classification	<input type="checkbox"/>	<input type="checkbox"/>	
Sample site plan	Review sample site plan and update if necessary	<input type="checkbox"/>	<input type="checkbox"/>	
Water quality test equipment	Calibrate test equipment/meters and order supplies	<input type="checkbox"/>	<input type="checkbox"/>	
Laboratory	Contact certified laboratory for sample bottles or to make arrangements for sample collection	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical power	Restore power	<input type="checkbox"/>	<input type="checkbox"/>	
Sanitary Survey/Inspection	Review the last sanitary survey or inspection and ensure all deficiencies are corrected	<input type="checkbox"/>	<input type="checkbox"/>	

Inspection Activities

ACTIVITY	REQUIREMENTS	DONE	NA	PROCEDURE/RECOMMENDATIONS
		✓	✓	
INSPECT SYSTEM				Do a thorough inspection of the entire system
	Inspect wellhead protection area	<input type="checkbox"/>	<input type="checkbox"/>	
	Pump house secure	<input type="checkbox"/>	<input type="checkbox"/>	
	Well caps and vents are secure	<input type="checkbox"/>	<input type="checkbox"/>	
	Sample tap flows freely	<input type="checkbox"/>	<input type="checkbox"/>	Both the raw water tap and distribution system sample taps
	Raw water flow meter calibrated and functioning	<input type="checkbox"/>	<input type="checkbox"/>	
	Storage tanks visually inspected for corrosion and physical damage	<input type="checkbox"/>	<input type="checkbox"/>	If the storage tanks are empty, disinfect prior to use
	Tank vents and overflow pipes are screened and turned downward	<input type="checkbox"/>	<input type="checkbox"/>	
	Pressure tanks were visually inspected for corrosion and physical damage	<input type="checkbox"/>	<input type="checkbox"/>	
	All gauges and controls are functioning properly	<input type="checkbox"/>	<input type="checkbox"/>	
	Complete distribution system inspected for signs of damage or corrosion and necessary repairs made	<input type="checkbox"/>	<input type="checkbox"/>	
	Chlorination equipment was inspected and in operating condition	<input type="checkbox"/>	<input type="checkbox"/>	

KY DOW RTCR Seasonal Start-up Checklist

ACTIVATE AND PRESSURIZE	Well pumps operate properly	<input type="checkbox"/>	<input type="checkbox"/>	Run water through the entire system by opening all available outlets, starting at the treatment plant and moving outward to the farthest point
	System fully pressurized	<input type="checkbox"/>	<input type="checkbox"/>	
	No leaks detected in system	<input type="checkbox"/>	<input type="checkbox"/>	
	Chlorination equipment operating properly	<input type="checkbox"/>	<input type="checkbox"/>	Replace any worn parts; verify calibration
DISINFECT AND FLUSH	Fresh chlorine added and pumped throughout all tanks and distribution lines	<input type="checkbox"/>	<input type="checkbox"/>	The chlorine shall be NSF-approved and DOW approved
	Entire system flushed until a minimum of 0.2 mg/l free chlorine was tested at the ends of the system	<input type="checkbox"/>	<input type="checkbox"/>	Begin with tap closest to the well and work outward to the farthest point in the system
COLLECT TOTAL COLIFORM SAMPLES	Before sampling make sure chlorine level is at least 0.2 mg/l	<input type="checkbox"/>	<input type="checkbox"/>	
	Sample at 2 sites in the distribution system to verify disinfection	<input type="checkbox"/>	<input type="checkbox"/>	If the samples are total coliform positive (TC+), adjust chlorine level, re-flush the distribution system and re-collect the coliform samples; if the samples continue to be TC+, test the raw water, examine the system for cross-connections, verify chlorine residual and retest.
SIGN AND SUBMIT THIS FORM	Form must be signed verifying that the activities have been completed	<input type="checkbox"/>	<input type="checkbox"/>	Send the completed and signed form to: Division of Water at 200 Fair Oaks Lane, 4 th Floor, Frankfort, KY 40601, Attn: Coliform Rule Manager.

Comments:

